PATENT A	APPLICATION FEE	DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

558656

CLAIMS AS FILED - PART I					SI	MALL	ENTITY		OTHER THAN		
(Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA			_	YPE		OR	SMALL				
7	/ri	NUMBE	HFILED	NUMBER	EXTRA	F	ATE	FEE		RATE	FEE
BASIC FEE			L		345.00	OR		690.00			
TOTAL CLAIMS 64 minus 20= • 44					×	\$ 9=		OR	X\$18=	792.00	
INDEPENDENT CLAIMS  2 minus 3 = 9						5	(39=		OR	X78=	702 00
MULTIPLE DEPENDENT CLAIM PRESENT							130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TO	OTAL		OR	TOTAL	218400
	_ CI	LAIMS AS A	MENDED	- PART II						OTHER	THAN
		(Column 1)		(Column 2)	(Column 3)	SI	MALL	ENTITY	OR	SMALL	ENTITY.
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	7	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	· 647	Minus	6	=	X	\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	ENDENT CLAIM	1	X	39=		OR	X78=	
_	THIOTT TIEDEL	• /	CAN CE DE	ENDERN ODAM		+	130=		OR	+260=	
^	-2104	, ,		•		ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
4	-21 1	(Column 1)	•	(Column 2)	(Column 3)						ı
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 16	Minus	.64	=	X	\$ 9=		OR	X\$18=	_
<b>AMENDMENT</b>	Independent	• 5	Minus	/2	<u>A</u>	×	39=		OR	X78=	
_	FIRST PRESE	NIAHON OF MI	JLTIPLE DEP	ENDENT CLAIM		1	30=		OR	+260=	
						<u> </u>	TOTAL		ΛP.	TOTAL	
						ADD	IT. FEE		On	ADDIT. FEE	
_		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	_			. 1		
AMENDMENT C		REMAINING AFTER AMENDMENT	go.	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••	= .	×	\$ 9= ·		OR	X\$18=	
ME	Independent	•	Minus	•••	=	Ţ	39=			X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F			OR	7,700	
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						30=		OR	+260=	
***	"If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

FORM PTO-675 (Rev. 12/99)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPO: 2000-463-433/29044 \



PATENT	APPLIC	ATION FFF	DETERMINA"	TION RECORD
PAISIL	AFFLIV	AIIONTEE	DETERMINA	HUIT REGUNL

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Application or Docket Number

CLAIMS AS FILED - PART I						SMA	LL ENTITY		OTHER THAN	
(Column 1) (Column 2)				TYP	E 🗀	OR	SMALL	ENTITY		
FC	)R	NUMBE	R FILED	NUMBER	EXTRA	RAT	E FEE	1	RATE	FEE
BASIC FEE					345.00	OR		690.00		
TC	TAL CLAIMS	G	minus 2			X\$ 9	=	OR	X\$18=	792°
INDEPENDENT CLAIMS 12 minus 3 = * 9					X39:	=	OR	X78=	702 ac	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	+130	_	OR	+260=	14		
• If	the difference	TOTA	L	OR	TOTAL	218406				
	Cl	LAIMS AS A	MENDED	- PART II				OTHER THAN		
		(Column 1)		(Column 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL	ENTITY.
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	. 64	Minus	· 64	=	X\$ 9	=	OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	PENDENT CLAIM	<u> </u>	X39=	=	OR	X78=	
		·	DETIFEE DEF	ENDERT CEAR		+130	=	OR	+260=	
λX	16-03			•		TOT ADDIT, F		OR	TOTAL ADDIT. FEE	
۷		(Column 1)		(Column 2)	(Column 3)					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	.16	Minus	64	=	X\$ 9:	=	OR	X\$18=	
AME	Independent	• 3	Minus	17	-	X39=		OR	X78=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM		+130	=	OR	+260=	
		<i>i</i>	•			TOT ADDIT. F		OR	TOTAL ADDIT, FEE	
	1-23 24	(Column 1)		(Column 2)	(Column 3)	AUUI I. F			ADDIT. FEC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	./6	Minus	64	=	X\$ 9:		OR	X\$18=	
AME	Independent	• 3	Minus	/2	<u> </u>	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR.	+260=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OR ADDIT. FEE									
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

